

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)**USE FEC MAILING LABEL  
OR TYPE OR PRINT**Example: If typing, type  
over the lines

Pharmaceutical Research &amp; Manufacturers of America Better Government Committee

ADDRESS (number and street)

950 F Street, NW

Suite 300

☐Check if different  
than previously  
reported. (ACC)

Washington

DC

20004

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00021972

3. IS THIS  
REPORT☒NEW  
(N)**OR**☐AMENDED  
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15  
Quarterly Report(Q1)☐July 15  
Quarterly Report(Q2)☒October 15  
Quarterly Report(Q3)☐January 31  
Quarterly Report(YE)☐July 31 Mid-Year  
Report(Non-election  
Year Only) (MY)☐Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)  
(Non-Election  
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)  
(Non-Election  
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day  
**PRE**-Election  
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12S)

Election on

in the  
State of(d) 30-Day  
**Post**-Election  
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the  
State of

5. Covering Period

07

01

2010

through

09

30

2010

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Anne Holmes

Signature of Treasurer

Electronically Filed by Anne Holmes

Date

10

15

2010

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office  
Use  
Only**FEC FORM 3X**  
(Rev. 12/2004)

# SUMMARY PAGE

## OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

2 / 25

Write or Type Committee Name

Pharmaceutical Research &amp; Manufacturers of America Better Government Committee

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	7	0	1	2	0	1	0

To:

M	M	D	D	Y	Y	Y	Y
0	9	3	0	2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <span>2010</span>		34109.63
(b) Cash on Hand at Beginning of Reporting Period .....	39423.35	
(c) Total Receipts (from Line 19) .....	22341.60	73265.12
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	61764.95	107374.75
7. Total Disbursements (from Line 31) .....	26064.79	71674.59
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	35700.16	35700.16
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

### For further information contact:

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

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Write or Type Committee Name

Pharmaceutical Research &amp; Manufacturers of America Better Government Committee

Report Covering the Period:

From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	1	0

To:

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	1	0

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A) .....	17146.66	51076.35
(ii) Unitemized .....	194.94	2188.77
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	17341.60	53265.12
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	5000.00	20000.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	22341.60	73265.12
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	22341.60	73265.12
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	22341.60	73265.12

## DETAILED SUMMARY PAGE

of Disbursements

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FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)			
(i) Federal Share.....	0.00	0.00	
(ii) Non-Federal Share.....	0.00	0.00	
(b) Other Federal Operating Expenditures.....	0.00	0.00	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➤	0.00	0.00	
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00	
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	26000.00	71500.00	
24. Independent Expenditure (use Schedule E) .....	0.00	0.00	
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00	
26. Loan Repayments Made.....	0.00	0.00	
27. Loans Made.....	0.00	0.00	
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00	
(b) Political Party Committees	0.00	0.00	
(c) Other Political Committees (such as PACs) .....	0.00	0.00	
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00	
29. Other Disbursements.....	64.79	174.59	
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share .....	0.00	0.00	
(ii) "Levin" Share .....	0.00	0.00	
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00	
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00	
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	26064.79	71674.59	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	26064.79	71674.59	

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

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III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	22341.60	73265.12
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	22341.60	73265.12
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	0.00

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 25

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Pharmaceutical Research &amp; Manufacturers of America Better Government Committee

**A.**

Full Name (Last, First, Middle Initial)

Merck Employees PAC

Mailing Address 601 Pennsylvania Avenue, NW  
North Building-Suite 1200

City	State	Zip Code
Washington	DC	20004

FEC ID number of contributing  
federal political committee.**C** C00097485

Name of Employer

Occupation

Receipt For:

☐ Primary
 ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	9		2	0	1	0

Transaction ID: 35672662

Amount of Each Receipt this Period

5000.00

SUBTOTAL of Receipts This Page (optional) .....

5000.00

TOTAL This Period (last page this line number only) .....

5000.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 25

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Pharmaceutical Research & Manufacturers of America Better Government Committee

**A.**

Full Name (Last, First, Middle Initial)

Daniel Durham

Mailing Address 950 F Street, NW

City

Washington

State

DC

Zip Code

20004-1438

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PhRMA

Occupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1872.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 1 0

Transaction ID: PR1100334620403

Amount of Each Receipt this Period

624.00

P/R Deduction (\$104.00 Se-  
mi-Monthly)

**B.**

Full Name (Last, First, Middle Initial)

Hallie Maranchick

Mailing Address 950 F Street, NW

City

Washington

State

DC

Zip Code

20004-1404

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PhRMA

Occupation  
Sr. Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1949.94

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 1 0

Transaction ID: PR1275760020403

Amount of Each Receipt this Period

649.98

P/R Deduction (\$108.33 Se-  
mi-Monthly)

**C.**

Full Name (Last, First, Middle Initial)

Sharon Marshall

Mailing Address 950 F Street, NW  
Suite 300

City

Washington

State

DC

Zip Code

20004-1404

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PhRMA

Occupation  
Board Materials Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

448.56

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 1 0

Transaction ID: PR1338083620403

Amount of Each Receipt this Period

149.52

P/R Deduction (\$24.92 Sem-  
i-Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

1423.50

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 25

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Pharmaceutical Research & Manufacturers of America Better Government Committee

**A.**

Full Name (Last, First, Middle Initial)

Tara Ryan

Mailing Address 950 F Street, NW  
Suite 300

City State Zip Code  
Washington DC 20004-1404

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
PhRMA

Occupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

779.94

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 1 0

Transaction ID: PR1338084320403

Amount of Each Receipt this Period

259.98

P/R Deduction (\$43.33 Semi-Monthly)

**B.**

Full Name (Last, First, Middle Initial)

Christopher Singer

Mailing Address 950 F Street, NW  
Suite 300

City State Zip Code  
Washington DC 20004-1404

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
PhRMA

Occupation  
Exec VP & COO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3744.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 1 0

Transaction ID: PR1338084520403

Amount of Each Receipt this Period

1248.00

P/R Deduction (\$208.00 Semi-Monthly)

**C.**

Full Name (Last, First, Middle Initial)

Kevin Walker

Mailing Address 950 F Street, NW  
Suite 300

City State Zip Code  
Washington DC 20004-1404

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
PhRMA

Occupation  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1690.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 1 0

Transaction ID: PR1338084620403

Amount of Each Receipt this Period

300.00

P/R Deduction (\$208.00 Semi-Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

1807.98

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 25

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Pharmaceutical Research & Manufacturers of America Better Government Committee

**A.**

Full Name (Last, First, Middle Initial)

Jennifer Page

Mailing Address 950 F Street, NW  
Suite 300

City State Zip Code  
Washington DC 20004-1404

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PhRMA

Occupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

975.06

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 1 0

Transaction ID: PR1338085620403

Amount of Each Receipt this Period

325.02

P/R Deduction (\$54.17 Semi-Monthly)

**B.**

Full Name (Last, First, Middle Initial)

Clement Cypra

Mailing Address 950 F Street, NW  
Suite 300

City State Zip Code  
Washington DC 20004-1404

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PhRMA

Occupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

896.94

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 1 0

Transaction ID: PR1342353720403

Amount of Each Receipt this Period

298.98

P/R Deduction (\$49.83 Semi-Monthly)

**C.**

Full Name (Last, First, Middle Initial)

Erin Ravelette

Mailing Address 950 F Street, NW  
Suite 300

City State Zip Code  
Washington DC 20004-1404

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PhRMA

Occupation  
Sr. Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

448.56

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 1 0

Transaction ID: PR1360289020403

Amount of Each Receipt this Period

149.52

P/R Deduction (\$24.92 Semi-Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

773.52

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 25

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Pharmaceutical Research & Manufacturers of America Better Government Committee

**A.**

Full Name (Last, First, Middle Initial)

Matthew Sulkala

Mailing Address 950 F Street, NW  
Suite 300

City State Zip Code  
Washington DC 20004-1404

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
PhRMA

Occupation  
Sr. Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1800.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 1 0

Transaction ID: PR1387142420403

Amount of Each Receipt this Period

600.00

P/R Deduction (\$100.00 Semi-Monthly)

**B.**

Full Name (Last, First, Middle Initial)

Thomas Hardaway

Mailing Address 950 F Street, NW  
Suite 300

City State Zip Code  
Washington DC 20004-1404

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
PhRMA

Occupation  
Regional Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 1 0

Transaction ID: PR1407527620403

Amount of Each Receipt this Period

150.00

P/R Deduction (\$25.00 Semi-Monthly)

**C.**

Full Name (Last, First, Middle Initial)

Valerie Jewett

Mailing Address 950 F Street, NW  
Suite 300

City State Zip Code  
Washington DC 20004-1438

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
PhRMA

Occupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1270.44

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 1 0

Transaction ID: PR1416900920403

Amount of Each Receipt this Period

423.48

P/R Deduction (\$70.58 Semi-Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

1173.48

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 25

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Pharmaceutical Research & Manufacturers of America Better Government Committee

**A.**

Full Name (Last, First, Middle Initial)

Michael Woody

Mailing Address 950 F Street, NW  
Suite 300

City State Zip Code  
Washington DC 20004-1438

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
PhRMA

Occupation  
Director, Federal Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 1 0

Transaction ID: PR1485193020403

Amount of Each Receipt this Period

150.00

P/R Deduction (\$50.00 Semi-Monthly)

**B.**

Full Name (Last, First, Middle Initial)

Jeff Woodhouse

Mailing Address 950 F Street, NW

City State Zip Code  
Washington DC 20004-1438

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
PhRMA

Occupation  
Regional Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 1 0

Transaction ID: PR1521550920403

Amount of Each Receipt this Period

300.00

P/R Deduction (\$50.00 Semi-Monthly)

**C.**

Full Name (Last, First, Middle Initial)

Jennifer Swenson

Mailing Address 950 F Street, NW

City State Zip Code  
Washington DC 20004-1438

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
PhRMA

Occupation  
Sr. Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1872.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 1 0

Transaction ID: PR1666764820403

Amount of Each Receipt this Period

624.00

P/R Deduction (\$104.00 Semi-Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

1074.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 25

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Pharmaceutical Research & Manufacturers of America Better Government Committee

**A.**

Full Name (Last, First, Middle Initial)

Dave Boyer

Mailing Address 950 F Street, NW

City

Washington

State

DC

Zip Code

20004-1438

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PhRMA

Occupation  
Sr. Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1872.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 1 0

Transaction ID: PR1668002920403

Amount of Each Receipt this Period

624.00

P/R Deduction (\$104.00 Semi-Monthly)

**B.**

Full Name (Last, First, Middle Initial)

Lea Fisher

Mailing Address 950 F Street, NW

City

Washington

State

DC

Zip Code

20004-1438

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PhRMA

Occupation  
Director, Federal Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 1 0

Transaction ID: PR1698847620403

Amount of Each Receipt this Period

450.00

P/R Deduction (\$75.00 Semi-Monthly)

**C.**

Full Name (Last, First, Middle Initial)

Sandra J. Dickerson

Mailing Address 950 F Street, NW

City

Washington

State

DC

Zip Code

20004-1438

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PhRMA

Occupation  
Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 1 0

Transaction ID: PR1727896220403

Amount of Each Receipt this Period

150.00

P/R Deduction (\$25.00 Semi-Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

1224.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 25

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Pharmaceutical Research & Manufacturers of America Better Government Committee

**A.**

Full Name (Last, First, Middle Initial)

Jeffrey A. Bond

Mailing Address 950 F Street, NW

City

Washington

State

DC

Zip Code

20004-1438

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PhRMA

Occupation

SVP, State Govt Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 1 0

Transaction ID: PR1759644920403

Amount of Each Receipt this Period

450.00

P/R Deduction (\$75.00 Semi-Monthly)

**B.**

Full Name (Last, First, Middle Initial)

Anne Holmes

Mailing Address 950 F Street, NW

City

Washington

State

DC

Zip Code

20004-1438

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PhRMA

Occupation

Sr. Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

877.08

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 1 0

Transaction ID: PR180533620403

Amount of Each Receipt this Period

300.00

P/R Deduction (\$50.00 Semi-Monthly)

**C.**

Full Name (Last, First, Middle Initial)

Merrill Jacobs

Mailing Address 950 F Street, NW

City

Washington

State

DC

Zip Code

20004-1438

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PhRMA

Occupation

Regional Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1949.94

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 1 0

Transaction ID: PR180533820403

Amount of Each Receipt this Period

649.98

P/R Deduction (\$108.33 Semi-Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

1399.98

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 25

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Pharmaceutical Research & Manufacturers of America Better Government Committee

**A.**

Full Name (Last, First, Middle Initial)

Kimberly Martin

Mailing Address 950 F Street, NW

City

Washington

State

DC

Zip Code

20004-1438

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PHRMA

Occupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 1 0

Transaction ID: PR180534520403

Amount of Each Receipt this Period

75.00

P/R Deduction (\$12.50 Semi-Monthly)

**B.**

Full Name (Last, First, Middle Initial)

Hugh Metheny

Mailing Address 950 F Street, NW

City

Washington

State

DC

Zip Code

20004-1438

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PHRMA

Occupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 1 0

Transaction ID: PR180534620403

Amount of Each Receipt this Period

750.00

P/R Deduction (\$125.00 Semi-Monthly)

**C.**

Full Name (Last, First, Middle Initial)

Mr. Thomas Moore

Mailing Address 950 F Street, NW

City

Washington

State

DC

Zip Code

20004-1438

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PHRMA

Occupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3748.50

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 1 0

Transaction ID: PR180534820403

Amount of Each Receipt this Period

1249.50

P/R Deduction (\$208.25 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

2074.50

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 25

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Pharmaceutical Research & Manufacturers of America Better Government Committee

**A.**

Full Name (Last, First, Middle Initial)

John O'Connor

Mailing Address 950 F Street, NW

City

Washington

State

DC

Zip Code

20004-1438

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PHRMA

Occupation

Regional Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

449.82

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 1 0

Transaction ID: PR180535020403

Amount of Each Receipt this Period

149.94

P/R Deduction (\$24.99 Semi-Monthly)

**B.**

Full Name (Last, First, Middle Initial)

Richard Smith

Mailing Address 950 F Street, NW

City

Washington

State

DC

Zip Code

20004-1438

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PHRMA

Occupation

Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1872.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 1 0

Transaction ID: PR180535920403

Amount of Each Receipt this Period

624.00

P/R Deduction (\$104.00 Semi-Monthly)

**C.**

Full Name (Last, First, Middle Initial)

Jeffrey Trewitt

Mailing Address 950 F Street, NW

City

Washington

State

DC

Zip Code

20004-1438

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PHRMA

Occupation

Asst. VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.72

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 1 0

Transaction ID: PR180536320403

Amount of Each Receipt this Period

81.24

P/R Deduction (\$13.54 Semi-Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

855.18

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 25

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Pharmaceutical Research & Manufacturers of America Better Government Committee

**A.**

Full Name (Last, First, Middle Initial)

John J. Castellani

Mailing Address 950 F Street, NW

City

Washington

State

DC

Zip Code

20004-1438

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PhRMA

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.50

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 1 0

Transaction ID: PR1828048020403

Amount of Each Receipt this Period

416.50

P/R Deduction (\$208.25 Se-  
mi-Monthly)

**B.**

Full Name (Last, First, Middle Initial)

Edward Belkin

Mailing Address 950 F Street, N.W.

City

Washington

State

DC

Zip Code

20004-1404

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PhRMA

Occupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.06

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 1 0

Transaction ID: PR267310220403

Amount of Each Receipt this Period

250.02

P/R Deduction (\$41.67 Sem-  
i-Monthly)

**C.**

Full Name (Last, First, Middle Initial)

Bryant Hall

Mailing Address 950 F Street, N.W.

City

Washington

State

DC

Zip Code

20004-1404

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PhRMA

Occupation  
Sr. Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3748.50

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 1 0

Transaction ID: PR377480520403

Amount of Each Receipt this Period

1249.50

P/R Deduction (\$208.25 Se-  
mi-Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

1916.02

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 25

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Pharmaceutical Research & Manufacturers of America Better Government Committee

**A.**

Full Name (Last, First, Middle Initial)

Robert Filippone

Mailing Address 950 F Street, NW

City

Washington

State

DC

Zip Code

20004-1404

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PhRMA

Occupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1537.56

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 1 0

Transaction ID: PR533051120403

Amount of Each Receipt this Period

512.52

P/R Deduction (\$85.42 Semi-Monthly)

**B.**

Full Name (Last, First, Middle Initial)

Patrick Stone

Mailing Address 950 F Street, NW

City

Washington

State

DC

Zip Code

20004-1404

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PhRMA

Occupation  
Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 1 0

Transaction ID: PR533051220403

Amount of Each Receipt this Period

75.00

P/R Deduction (\$12.50 Semi-Monthly)

**C.**

Full Name (Last, First, Middle Initial)

Steven Tilton

Mailing Address 950 F Street, NW

City

Washington

State

DC

Zip Code

20004-1404

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PhRMA

Occupation  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3732.25

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 1 0

Transaction ID: PR533051520403

Amount of Each Receipt this Period

1249.50

P/R Deduction (\$208.25 Semi-Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

1837.02

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 25

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Pharmaceutical Research & Manufacturers of America Better Government Committee

**A.**

Full Name (Last, First, Middle Initial)

Heather Keiser Strawn

Mailing Address 950 F Street, NW

City

Washington

State

DC

Zip Code

20004-1404

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PhRMA

Occupation

Sr. Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 1 0

Transaction ID: PR737804920403

Amount of Each Receipt this Period

450.00

P/R Deduction (\$75.00 Semi-Monthly)

**B.**

Full Name (Last, First, Middle Initial)

Brian Nagle

Mailing Address 950 F Street, NW

City

Washington

State

DC

Zip Code

20004-1404

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PhRMA

Occupation

Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1949.94

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 1 0

Transaction ID: PR743030020403

Amount of Each Receipt this Period

649.98

P/R Deduction (\$108.33 Semi-Monthly)

**C.**

Full Name (Last, First, Middle Initial)

Lori Reilly

Mailing Address 950 F Street, NW

City

Washington

State

DC

Zip Code

20004-1404

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PhRMA

Occupation

Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1462.50

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 1 0

Transaction ID: PR917374920403

Amount of Each Receipt this Period

487.50

P/R Deduction (\$81.25 Semi-Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

1587.48

**TOTAL** This Period (last page this line number only) .....

17146.66

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 19 / 25

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Pharmaceutical Research &amp; Manufacturers of America Better Government Committee

**A.**

Full Name (Last, First, Middle Initial)

Inslee For Congress

Mailing Address PO Box 33027

City  
SeattleState  
WAZip Code  
98133

Purpose of Disbursement

011

Category/  
TypeCandidate Name  
Rep. Jay InsleeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: WA District: 01

Transaction ID: 36639383

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	8		2	0	1	0

Amount of Each Disbursement this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Hoyer For Congress

Mailing Address 607 14th Street, Nw  
Suite 800City  
WashingtonState  
DCZip Code  
20005

Purpose of Disbursement

011

Category/  
TypeCandidate Name  
Rep. Steny H. HoyerOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: MD District: 05

Transaction ID: 36639559

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	8		2	0	1	0

Amount of Each Disbursement this Period

2500.00

**C.**

Full Name (Last, First, Middle Initial)

Richard E Neal For Congress Committee

Mailing Address 50 E Street, SE  
Suite 1City  
WashingtonState  
DCZip Code  
20005

Purpose of Disbursement

011

Category/  
TypeCandidate Name  
Rep. Richard NealOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: MA District: 02

Transaction ID: 36639822

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	8		2	0	1	0

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional) .....

4500.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 20 / 25

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

Pharmaceutical Research &amp; Manufacturers of America Better Government Committee

**A.**

Full Name (Last, First, Middle Initial)

Texas Freedom Fund

Mailing Address 104 Hume Avenue

City Alexandria State VA Zip Code 22301

Purpose of Disbursement

Federal Contribution

Candidate Name

011

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 36640064

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	8		2	0	1	0

Amount of Each Disbursement this Period

1000.00

Federal Contribution

**B.**

Full Name (Last, First, Middle Initial)

Issa For Congress

Mailing Address P O Box 760

City Vista State CA Zip Code 92085

Purpose of Disbursement

Candidate Name

Rep. Darrell E. Issa

011

Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ President

State: CA District: 49

Disbursement For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Transaction ID: 36640162

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	8		2	0	1	0

Amount of Each Disbursement this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Whitfield For Congress Committee

Mailing Address P.O. Box 391

City Hopkinsville State KY Zip Code 42241

Purpose of Disbursement

Candidate Name

Rep. Edward Whitfield

011

Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ President

State: KY District: 01

Disbursement For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Transaction ID: 36640606

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	8		2	0	1	0

Amount of Each Disbursement this Period

500.00

SUBTOTAL of Disbursements This Page (optional) .....

2500.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 21 / 25

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Pharmaceutical Research &amp; Manufacturers of America Better Government Committee

**A.**

Full Name (Last, First, Middle Initial)

Lautenberg For Senate

Mailing Address 196 West State Street  
PO Box 200596City State Zip Code  
Trenton NJ 08608

Purpose of Disbursement

Candidate Name  
Sen. Frank R. LautenbergOffice Sought: ☐ House  
☒ Senate  
☐ President

State: NJ District:

Disbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 36641019

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	8		2	0	1	0

Amount of Each Disbursement this Period

1000.00									
---------	--	--	--	--	--	--	--	--	--

011
Category/ Type

**B.**

Full Name (Last, First, Middle Initial)

DAKPAC

Mailing Address 607 14th Street, NW  
Suite 800City State Zip Code  
Washington DC 20005Purpose of Disbursement  
Federal Contribution

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 36641164

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	8		2	0	1	0

Amount of Each Disbursement this Period

1000.00									
---------	--	--	--	--	--	--	--	--	--

011
Category/ Type

Federal Contribution

**C.**

Full Name (Last, First, Middle Initial)

Nelson 2012

Mailing Address 420 C Street, NE

City State Zip Code  
Washington DC 20002

Purpose of Disbursement

Candidate Name  
Sen. Ben NelsonOffice Sought: ☐ House  
☒ Senate  
☐ President

State: NE District:

Disbursement For: 2012  
☐ Primary ☒ General  
☐ Other (specify) ▼

Transaction ID: 36641587

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	8		2	0	1	0

Amount of Each Disbursement this Period

1000.00									
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011
Category/ Type

SUBTOTAL of Disbursements This Page (optional) .....

3000.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Pharmaceutical Research & Manufacturers of America Better Government Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Hoeven For Senate Mailing Address PO Box 15114	<b>Transaction ID:</b> 36643449 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 0 8 / 2 0 1 0</div> </div>
City State Zip Code Arlington VA 22215 Purpose of Disbursement Candidate Name Mr. John Hoeven Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: VA District:	<b>Amount of Each Disbursement this Period</b> <div>1500.00</div> <div>011</div> Category/ Type
<b>B.</b> Full Name (Last, First, Middle Initial) Matheson For Congress Mailing Address P.O. Box 521048 Suite A City State Zip Code Salt Lake City UT 84152 Purpose of Disbursement Candidate Name Rep. James D. Matheson Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: UT District: 02	<b>Transaction ID:</b> 36935039 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 2 8 / 2 0 1 0</div> </div> <b>Amount of Each Disbursement this Period</b> <div>1000.00</div> <div>011</div> Category/ Type
<b>C.</b> Full Name (Last, First, Middle Initial) Lewis For Congress Committee Mailing Address PO Box 247 City State Zip Code Redlands CA 92373 Purpose of Disbursement Candidate Name Rep. Jerry Lewis Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: CA District: 41	<b>Transaction ID:</b> 36935111 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 2 8 / 2 0 1 0</div> </div> <b>Amount of Each Disbursement this Period</b> <div>1000.00</div> <div>011</div> Category/ Type

**SUBTOTAL** of Disbursements This Page (optional) .....

3500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

Pharmaceutical Research & Manufacturers of America Better Government Committee

<b>A.</b> Full Name (Last, First, Middle Initial) John S Fund	<b>Transaction ID:</b> 36935116 <b>Date of Disbursement</b>
Mailing Address 700 12th Street, NW Suite 700	<div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 2 8 / 2 0 1 0</div> </div>
City Washington State DC Zip Code 20005	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Federal Contribution Candidate Name	<div> <div>1000.00</div> <div>011</div> <div>Category/Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ <b>Federal Contribution</b>
<b>B.</b> Full Name (Last, First, Middle Initial) Trust PAC	<b>Transaction ID:</b> 36935121 <b>Date of Disbursement</b>
Mailing Address 228 S. Washington Street Suite 115	<div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 2 8 / 2 0 1 0</div> </div>
City Alexandria State VA Zip Code 22314	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Federal Contribution Candidate Name	<div> <div>1000.00</div> <div>011</div> <div>Category/Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ <b>Federal Contribution</b>
<b>C.</b> Full Name (Last, First, Middle Initial) CAMPAC	<b>Transaction ID:</b> 36935126 <b>Date of Disbursement</b>
Mailing Address 5915 Eastman Avenue	<div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 2 8 / 2 0 1 0</div> </div>
City Midland State MI Zip Code 48640	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Federal Contribution Candidate Name	<div> <div>1000.00</div> <div>011</div> <div>Category/Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ <b>Federal Contribution</b>

**SUBTOTAL** of Disbursements This Page (optional) .....

**3000.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Pharmaceutical Research & Manufacturers of America Better Government Committee

**A.**

Full Name (Last, First, Middle Initial)

Friends Of Schumer

Mailing Address 509 Madison Ave Suite 1902

City State Zip Code  
New York NY 10022

Purpose of Disbursement

011  
Category/  
Type

Candidate Name  
Sen. Charles E. Schumer

Office Sought: ☐ House ☒ Senate ☐ President  
Disbursement For: 2010 ☐ Primary ☒ General  
☐ Other (specify) ▼

State: NY District:

Transaction ID: 36935134

Date of Disbursement

09 / 28 / 2010

Amount of Each Disbursement this Period

2500.00

**B.**

Full Name (Last, First, Middle Initial)

Longleaf Pine PAC

Mailing Address 426 C Street, NE

City State Zip Code  
Washington DC 20002

Purpose of Disbursement  
Federal Contribution

011  
Category/  
Type

Candidate Name  
Longleaf Pine PAC

Office Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 36935139

Date of Disbursement

09 / 28 / 2010

Amount of Each Disbursement this Period

1500.00

Federal Contribution

**C.**

Full Name (Last, First, Middle Initial)

Chris Coons For Delaware

Mailing Address PO Box 9900

City State Zip Code  
Newark DE 19714

Purpose of Disbursement

011  
Category/  
Type

Candidate Name  
Mr. Christopher Coons

Office Sought: ☐ House ☒ Senate ☐ President  
Disbursement For: 2010 ☐ Primary ☒ General  
☐ Other (specify) ▼

State: DE District:

Transaction ID: 36935141

Date of Disbursement

09 / 28 / 2010

Amount of Each Disbursement this Period

2500.00

**SUBTOTAL** of Disbursements This Page (optional) .....

6500.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Pharmaceutical Research & Manufacturers of America Better Government Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Bennet For Colorado	<b>Transaction ID:</b> 36935146 <b>Date of Disbursement</b>																				
Mailing Address 2300 15th Street Suite 425	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		2	8		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	9		2	8		2	0	1	0												
City State Zip Code Denver CO 80202	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement	<table border="1"> <tr> <td>1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Candidate Name Mr. Michael Bennet	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	011	Category/ Type																		
011																					
Category/ Type																					
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: CO District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) Friends Of John Thune	<b>Transaction ID:</b> 36935147 <b>Date of Disbursement</b>																				
Mailing Address 200 North Phillips Avenue Ste L101	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		2	8		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	9		2	8		2	0	1	0												
City State Zip Code Sioux Falls SD 57104	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement	<table border="1"> <tr> <td>1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Candidate Name Sen. John R. Thune	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	011	Category/ Type																		
011																					
Category/ Type																					
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: SD District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) Moran For Kansas	<b>Transaction ID:</b> 36935148 <b>Date of Disbursement</b>																				
Mailing Address PO Box 1151	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		2	8		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	9		2	8		2	0	1	0												
City State Zip Code Hays KS 67601	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement	<table border="1"> <tr> <td>1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Candidate Name Mr. Jerry Moran	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	011	Category/ Type																		
011																					
Category/ Type																					
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: KS District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

3000.00

**TOTAL** This Period (last page this line number only) .....

26000.00